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PTO/SB/05 (03-01)

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+ Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY **PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| Attorney Docket No. | | No. | 325772034100 | | | | | | | |
|---------------------|-------|-----|------------------------|---|--|--|--|--|--|--|
| First Inventor Sei | | Sei | ji HARADA | | | | | | | |
| | PRINT | ING | DEVICE PRINTING METHOD | Ė | | | | | | |

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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | | | | Box Patent Application Commissioner for Patents ADDRESS TO: 2011 South Clark Place Room 1B03, Crystal Plaza 2 Arlington, Virginia, 22202 | | | | | | | | |
| 1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages 36] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix | | | | | | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies | | | | | | | |
| - Brief - Brief - Deta - Clain | or a computer program issing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure | | | | | 9. X Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) X Attorney | | | | | | | |
| 4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 10] 5. Oath or Declaration [Total Pages 3] a. X Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. X Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (6) | | | | | | 11. English Translation Document (if applicable) 12. X Information Disclosure X Copies of IDS Statement (IDS)/PTO-1449 X Citations 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. X Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: 18. Copies of IDS Citations Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: | | | | | | | |
| Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS X Customer Number or Bar Code Label Correspondence address below | | | | | | | | | | | | | |
| Name Barry E. Bretschneider | | | | | | | | | | | | | |
| Address 1650 Tysons Boulevard, Suite 300 | | | | | 1.46 | | | | 122 | | | | |
| | City McLean State | | | VA Zip Code 22102 | | | | | | | | | |
| Country Telephone | | | | ge (703) 760-7743 Fax (703) 760-777 | | | | | <u> </u> | | | | |
| Name (Print/Type) Barry E. Bretschneider | | | | Registration No. (Attorney/Agent) 28,055 | | | | 28,055 | | | | | |
| Signature C.O. C.O. | | | 0 - | <u>_</u> | | | Data | Eah | ruani 10, 200 | , | | | |

| I hereby certify that this correspondence is be Crystal Plaza 2, Arlington, Virginia, 22202, on | | 2011 South Clark Place, Room 1B03, |
|--|------------|------------------------------------|
| Dated: February 10, 2004 | Signature: | (Geraldine Maddox) |

| Under the December 19 of the Administration of the Control of the | | | | | ent and Trad | lemark Office | ise through 7/31/2006 ; U.S. DEPARTMENT | OF COMME | |
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| Under the Paperwork Reduction Act of 1995, no persons are | | ea to res | pona to | a collec | | nation unless lete if Kn | | iri couttol unu. | |
| FEE TRANSMITTAL | ŀ | Applic | ation ! | Numbe | | | | | |
| _ | ŀ | Application Number | | | | Not Yet Assigned | | | |
| for FY 2004 | ŀ | Filing Date | | | | February 10, 2004 | | | |
| Effective 10/01/2003, Patent fees are subject to annual revision. | H | First Named Inventor | | | tor | Seiji HARADA | | | |
| | - | Exami | iner Na | me | | Not Yet A | Assigned | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Un | | | | Not Yet A | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1718 .00 | 2 | Attorn | ey Doc | ket No | ٠ ; | 32577203 | 4100 | | |
| METHOD OF PAYMENT (check all that apply) | | | | FEE | CALCUL | ATION (co | ntinued) | _ | |
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| X Deposit Account: | Large | Large Entity Small Entity | | | | | | | |
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| Deposit Account Morrison & Foerster LLP | 1051 | 130 | 2051 | 65 | Surcharge - | late filing fe | e or oath | I | |
| Name | 1052 | 50 | 2052 | 25 | | late provision | onal filing fee or cover | | |
| The Director is authorized to: (check all that apply) | | 4 | | | sheet. | | | | |
| Charge fee(s) indicated below X Credit any overpayments | 1053 | 130 | 1053 | 130 | Non-English | h specification | n | | |
| Charge any additional fee(s) or any underpayment of fee(s) | 1812 | 2,520 | 1812 | 2,520 | For filing a re | equest for ex p | arte reexamination | | |
| Charge fee(s) indicated below, except for the filing fee | 1804 | 920* | 1804 | 920* | Requesting Examiner a | publication o | f SIR prior to | | |
| to the above-identified deposit account. | 1805 | 1,840* | 1805 | 1.840* | Requesting | publication of | f SIR after | | |
| FEE CALCULATION | 1251 | 110 | 2251 | 55 | Examiner a | ction or reply withir | | | |
| 1. BASIC FILING FEE | 1252 | 420 | 2252 | 210 | | | second month | | |
| Large Entity Small Entity | 1253 | 950 | 2253 | 475 | | or reply within | | | |
| Fee Fee Fee Fee Fee Description Fee Paid | 1254 | 1,480 | 2254 | 740 | | | fourth month | - 1 | |
| 1001 770 2001 385 Utility filing fee 770 | 1255 | 2,010 | 2255 | 1,005 | Extension fo | or reply within | i fifth month | | |
| 1002 340 2002 170 Design filing fee | 1401 | 330 | 2401 | 165 | Notice of Ap | ppeal | | | |
| 1003 530 2003 265 Plant filing fee | 1402 | 330 | 2402 | 165 | Filing a brie | f in support o | f an appeal | | |
| 1004 770 2004 385 Reissue filing fee | 1403 | 290 | 2403 | | - | oral hearing | | | |
| 1005 160 2005 80 Provisional filing fee | 1451 | 1,510 | 1451 | | | | lic use proceeding | | |
| SUBTOTAL (1) (\$) 770.00 | 1452 1453 | 110 1,330 | 2452 2453 | 55 665 | | evive – unavo evive - uninte | | | |
| 2 EVIDA CLAIM EEEE EOD LITH ITV AND DEICCHE | 1501 | | 2501 | | | fee (or reissu | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from | 1502 | 480 | 2502 | | - | | 16) | | |
| Claims below Fee Paid Total Claims 37 - 20 = 17 x 18 = 306.00 | 1502 | 640 | 2502 | | Design issue Plant issue | | | ├ ─┤ | |
| Independent | 1460 | 130 | 1460 | | | the Commiss | sioner | <u> </u> | |
| Claims 10 - 3 = 7 x 80 = 802.00 | 1807 | 50 | 1807 | | | fee under 37 | | ├ | |
| Multiple Dependent 290 = | '' | | f | | _ | | • • | | |
| Large Entity Small Entity Fee | 1806 | 180 | 1806 | 180 | | | n Disclosure Stmt ssignment per | | |
| Code (\$) Fee Description | 8021 | 40 | 8021 | 40 | | nes number o | | 40.00 | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 | 770 | 2809 | 385 | Filing a sub | | final rejection | | |
| 1201 86 2201 43 Independent claims in excess of 3 | 1810 | 770 | 2810 | 385 | | 129(a)) dditional inver | ntion to be | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | l | | | | examined (| 37CFR 1.129 | (b)) | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | 1801 | 770 | 2801 | 385 | • | r Continued E r expedited ex | xamination (RCE) | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 | 1802 | 900 | 1802 | 900 | of a design | | a | | |
| and over original patent | Other | fee (spe | cifu) | | | | | | |
| CURTOTAL (2) (c) | | ٠. | | ling Fr- | Doid | CURTO | FAL (2) (2) | <u> </u> | |
| SUBTOTAL (2) (\$) 908.00 | Redi | uced by I | Dasic Fl | iing Fee | : Paid | SUBTO | TAL (3) (\$) | 40 .00 | |
| SUBMITTED BY | | | - | | | (Complete | (if applicable)) | | |
| Name (Print/Type) Barry E. Bretschneider | | ration No | | 29 | 055 | Telephone | 703-760-7 | 7/13 | |
| Signature CA Day CA-4- | (Attorn | ev/Agent) | | 20, | | | 2/10/2004 | 173 | |